

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/21/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445276	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/20/2011
NAME OF PROVIDER OR SUPPLIER CUMBERLAND VILLAGE CARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 136 DAVIS LANE LAFOLLETTE, TN 37766		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 159 SS=E	<p>483.10(c)(2)-(5) FACILITY MANAGEMENT OF PERSONAL FUNDS</p> <p>Upon written authorization of a resident, the facility must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in paragraphs (c)(3)-(8) of this section.</p> <p>The facility must deposit any resident's personal funds in excess of \$50 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.)</p> <p>The facility must maintain a resident's personal funds that do not exceed \$50 in a non-interest bearing account, interest-bearing account, or petty cash fund.</p> <p>The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf.</p> <p>The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident.</p> <p>The individual financial record must be available through quarterly statements and on request to the resident or his or her legal representative.</p> <p>The facility must notify each resident that receives Medicaid benefits when the amount in the</p>	F 159	<p>"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Cumberland Village Care & Rehabilitation Center does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."</p>		12/30/11
		F 159	<p>1. The facility mailed quarterly statements to residents with an account with the facility on October 13, 2011. That mailing included resident #'s 1, 3-5, 18-22, 27-28, 30, 32-37, 39, 40-42, and 44.</p> <p>2. A review of the resident trust accounts was completed and statements have been sent to the residents by the Business Office Manager on October 12, 2011.</p> <p>3. The Director of Accounts Receivable for the Southeast Division re-educated employees with access to resident trust (posting and dispersion duties) and staff members that shop for residents on proper procedures for handling and managing resident funds on November 29, 2011. The Administrator conducted re-education with the Business Office Manager</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

JAN 03 2012

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F 159	<p>Continued From page 1</p> <p>resident's account reaches \$200 less than the SSI resource limit for one person, specified in section 1611(a)(3)(B) of the Act; and that, if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI.</p> <p>This REQUIREMENT is not met as evidenced by: Based on review of facility policy, review of facility investigation documentation, review of business office documentation, and interview, the facility failed to provide written quarterly statements for twenty-three residents (#1, #3-#5, #18-22, #27-#28, #30, #32-#37, #39, #40-#42, and #44) of forty-four sampled residents.</p> <p>Review of facility policy "Resident Trust Fund, Overview" effective July, 2002, revealed, "...will maintain a system to ensure a full and complete accounting of the residents' personal monies entrusted to the facility..."</p> <p>Review of facility policy "Quarterly Statements/1099s" effective July, 2002, revealed, "...The Business Office Manager is responsible for ensuring timely processing and issuance of quarterly statements of Resident Trust Fund accounts. A file copy should be maintained with the monthly reconciliation at the end of the quarter...Distribute a copy of these statements to residents/responsible parties. Maintain a copy in the Business Office..."</p> <p>Review of facility policy "Resident Trust Petty Cash Fund" effective July, 2002, revealed, "...This</p>	F 159	<p>regarding the sending of trust account statements December 29, 2011.</p> <p>4. The Administrator or designee will complete an resident trust review monthly for 90 days to ensure compliance is achieved and sustained. The Administrator or designee will review and analyze the results of the resident trust review during the monthly Performance Improvement Committee for three quarters to ensure compliance is achieved and sustained. Subsequent plans of correction will be implemented as necessary.</p>		

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F 159	<p>Continued From page 2</p> <p>separate petty cash fund is maintained to handle small disbursement to the residents...to maintain accurate individual Resident Trust balances..."</p> <p>Interview with the business office manager on December 9, 2011, at 10:00 a.m., in the administrator's office, revealed the first quarterly statements issued to residents and/or responsible parties since May, 2010, were for the quarter of July 1-September 30, 2011. Continued interview confirmed the facility failed to provide residents and/or responsible parties the required quarterly statements.</p> <p>Telephone interview with Tennessee Bureau of Investigations Investigator #1 on December 12, 2011, at 10:20 a.m., revealed the facility had unaccounted for residents' funds and investigation was ongoing.</p> <p>Interview with the facility's new administrator on December 8, 2011, at 2:45 p.m., in the administrator's office, revealed the facility failed to implement facility Resident Trust Fund policies. Continued interview confirmed the facility had failed to ensure a full and complete accounting of each resident's personal funds entrusted to the facility.</p> <p>C/O: #28958</p>	F 159			

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